

**Adult Elevated Lead Levels**  
**Patient Interview Form**  
Nebraska Department of Health and Human Services  
Adult Blood Lead Epidemiology and Surveillance Program



**Background Patient Information**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ or Age \_\_\_\_\_  
\_\_\_\_\_  
Gender ☐ M ☐ F  
\_\_\_\_\_  
Zip Code \_\_\_\_\_ County \_\_\_\_\_  
Phone \_\_\_\_\_

Blood Lead Level \_\_\_\_\_  $\mu\text{g/dl}$  Date of Test \_\_\_\_\_

Health Care Provider \_\_\_\_\_

Call Attempts: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_:\_\_\_\_ AM PM  
\_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_:\_\_\_\_ AM PM  
\_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_:\_\_\_\_ AM PM

Comments:

Date Interview Completed \_\_\_\_/\_\_\_\_/\_\_\_\_ Interviewer \_\_\_\_\_  
Date Case Information Mailed \_\_\_\_/\_\_\_\_/\_\_\_\_

**Introduction**

Hi. My name is \_\_\_\_\_, and I work with the \_\_\_\_\_. We run the adult lead level tracking program for the State of Nebraska (or Local Health Department) so we receive the results of all adult blood lead tests.

Recently we received your laboratory report showing you have an elevated blood lead level.

I'm calling today to ask for your ask you a few questions about how you became exposed to lead. Information about your experience can help us prevent lead exposures among Nebraskans and their families. All of the information you share will be confidential and will not be shared with your employer. The interview should take about 5 to 10 minutes. You can choose to skip questions or stop the interview at any time.

Are you willing to participate in the interview? Yes / No

If Yes, List preferred day/time: \_\_\_\_\_

If No, List reason for refusal: \_\_\_\_\_

## A. About the Blood Lead Test

1. What was the reason for your lead test: ☐ Screening Program ☐ Doctor's Advice ☐ Own Decision  
☐ Other \_\_\_\_\_

2. Were you told the results of this blood lead test?

☐ Yes ☐ No ☐ Unknown

*(If no, tell him/her what the results are and answer any questions. Refer him/her to the HCP who requested the test, when appropriate)*

## B. Employment Information

3. Name of Employer: \_\_\_\_\_

4. Employer or Worksite Address: \_\_\_\_\_

5. Employer's Phone: \_\_\_\_\_

6. What was your occupation (job title) when you had this blood lead test done?  
\_\_\_\_\_

7. Please describe your main job task(s) \_\_\_\_\_  
\_\_\_\_\_

8. What type of business (industry) is it? \_\_\_\_\_

*(Be specific; differentiate between manufacturing, retail sales and wholesale sales.)*

Coding: Industry \_\_\_\_\_ Occupation: \_\_\_\_\_

9. Are you still employed at this job? ☐ Yes ☐ No

10. How long have (had) you been employed at this job? \_\_\_\_\_ years \_\_\_\_\_ months

## C. Lead Exposure in the Workplace

11. When you had this blood lead test done, were you being exposed to lead at work?

☐ Yes ☐ No ☐ Unknown

12. In your job, have you worked around any of the following substances:

- |   |  |
|---|--|
| <input type="checkbox"/> bullets (lead shot)  | <input type="checkbox"/> car batteries                                   |
| <input type="checkbox"/> scrap metal          | <input type="checkbox"/> painted surfaces (old, house paint)             |
| <input type="checkbox"/> other metal products | <input type="checkbox"/> painted surfaces (old, bridge, other structure) |
| <input type="checkbox"/> welding materials    | <input type="checkbox"/> pottery glazes                                  |
| <input type="checkbox"/> automobile radiators | <input type="checkbox"/> solder  |

***(If no to 11 and none for 12, skip to question 28)***

13. Please describe how you work with lead \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Has your employer changed anything in the workplace since your blood lead was tested?

☐ Yes ☐ No

15. If yes, please describe:

☐ Changed work process or materials ☐ Installed ventilation ☐ Started lead Training

☐ Shifted me to lead-free job ☐ Other: \_\_\_\_\_

#### **D. Workplace Lead Program**

16. Did you have this blood lead test done as part of a regular blood lead testing program at work?

☐ Yes ☐ No

17. If yes, how often is your blood tested at work?

☐ >once in 6 months ☐ every 6 months ☐ once a year ☐ <once a year ☐ never

18. Did you receive any information or training from the company about lead and how to protect yourself from lead overexposure?

☐ Yes ☐ No ☐ Unknown

19. If yes to 18, what kind of training did you receive?

☐ Verbal Instruction ☐ Pamphlets ☐ Educational video ☐ Other: \_\_\_\_\_

20. Are you given refresher courses?

☐ Yes ☐ No If yes, how often: ☐ < once/year ☐ annual ☐ every 2 years

21. How useful was your training? (rate from 1-10) \_\_\_\_\_

#### **D. Ventilation Controls, Personal Protective Equipment, Personal Hygiene**

22. Is dust formed in your work? ☐ Yes ☐ No ☐ Unknown

23. If yes to question 22, please describe how:

☐ Hand scraping

☐ Hand sanding

☐ Power scraping

☐ Abrasive blasting

☐ Power sanding

☐ Sweeping

☐ Mixing powdered pigments or glazes

☐ Shop vacuum

☐ Using compressed air for cleaning

☐ Material drops on the floor and dries

☐ Carving or etching glass

☐ Firing bullets

24. Do you use a mask or respirator at work?

- ☐ Yes ☐ No ☐ Unknown ☐ Not provided by employer

25. If yes, do you use the respirator or mask?

- ☐ All the time ☐ Usually ☐ Once in a while ☐ For specific tasks \_\_\_\_\_

26. Is there any ventilation for the work you do?

- ☐ Yes ☐ No ☐ Unknown

27. At work, do you: (Check all that apply)

- ☐ Have shower facilities?  
☐ Change into and wear work clothes?  
☐ Have employer wash work clothes?  
☐ Smoke?  
☐ Have hand washing facilities?  
☐ Have a place to eat away from work area?  
☐ Wash your hands before eating/drinking?

#### E. Hobbies and Environmental Exposures

28. Do you participate in any hobbies or activities that involve lead?

- ☐ Firing range or target shooting  
☐ Renovation, remodeling, or repair work  
☐ Automotive Repair  
☐ Jewelry or Crafts  
☐ Hunting or Fishing  
☐ Make or Cast Bullets  
☐ Make or Cast Fishing Sinkers  
☐ Furniture Refinishing  
☐ Other \_\_\_\_\_

29. Do you live in or regularly visit a home built before 1978?: ☐ Yes ☐ No

30. Is there peeling or chipping paint (inside or outside) in home or regularly visited place?: ☐ Yes ☐ No

31. Has there been recent or ongoing renovation/remodeling work in home built before 1978?: ☐ Yes ☐ No

32. Does patient or another in house use any traditional or folk medicines?: ☐ Yes ☐ No

*Such as Ayurvedics, azarcon, greta, bali goli, kandu, kohl*

#### F. Health Symptoms and Take-home exposure

33. Have you recently had any of the following symptoms?

- ☐ Extreme tiredness ☐ Weak wrists or ankles ☐ Nausea  
☐ Irritability or nervousness ☐ Trouble sleeping ☐ Weight loss  
☐ Metallic taste in mouth ☐ Difficulty concentrating ☐ Headache  
☐ Stomach aches or abdominal cramps ☐ Muscle or joint pain ☐ Constipation  
☐ Other \_\_\_\_\_

34. In your household, are there children under the age of 7?

☐ Yes      ☐ No      \_\_\_\_\_ Number of children <7yrs

*(If Yes, People can bring lead dust into their cars and homes from shoes and clothes they wear at work. Lead dust can be harmful to young children. You may want to get a blood lead test for the children because it can help determine if they are also exposed. We recommend talking with the child's health care provider for more information.*

35. In your household, is anyone pregnant or planning on becoming pregnant?      ☐ Yes      ☐ No

*(If Yes, suggest blood lead testing for potentially exposed pregnant woman.)*

36. Are you of Hispanic origin?   ☐ Yes   ☐ No

37. What is your race?      ☐ American Indian, Alaskan Native   ☐ Asian   ☐ Black  
   ☐ White   ☐ Native Hawaiian or other Pacific Islander race  
   ☐ Other

38. Is there any other information you'd like to share: \_\_\_\_\_

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**Thank you for taking your time to help us learn more about lead exposures in Nebraska. This information will also help us provide you with the right information to keep you and your family as safe as possible.**

If you have any questions:  
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